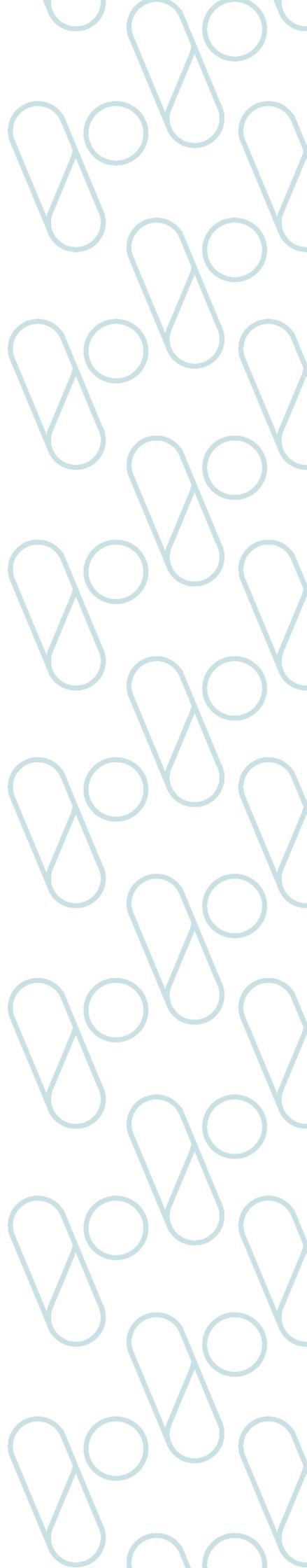
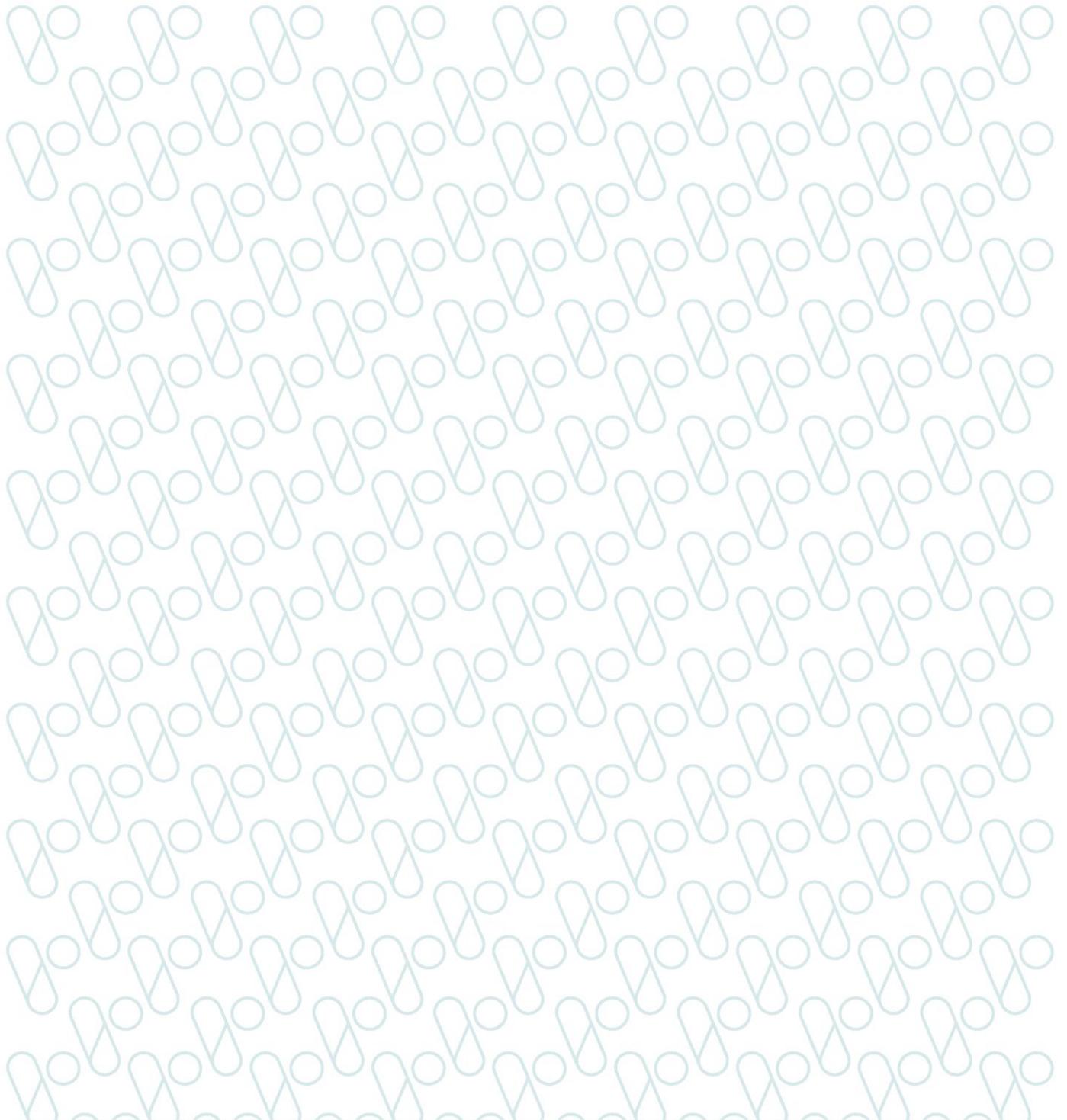


February 2019

Use of a patient's own adrenaline (epinephrine) autoinjector in hospital

Change package





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Introduction

Anaphylaxis can be life-threatening and requires rapid treatment with intramuscular adrenaline (epinephrine) for the best patient outcomes. This is usually self-administered through an adrenaline autoinjector. Whilst there is no legal requirement to do so, it has been common practice for health services to take adrenaline autoinjectors from patients when they are admitted to hospital.

Safer Care Victoria (SCV) has developed this change package to support health services and clinicians to safely and confidently manage patients with known anaphylaxis by allowing them to always keep their autoinjector with them in hospital.

This guidance is applicable to patients of all ages.

Definition of anaphylaxis

There is no universally accepted definition of anaphylaxis. Here we define anaphylaxis as a severe, potentially life-threatening systemic hypersensitivity reaction.

Symptoms

Anaphylaxis is characterised by:

- rapid onset of a life-threatening airway, breathing or circulatory problems
- (usually, but not always) skin and mucosal changes. [4]

Note: Vomiting and abdominal pain are symptoms of anaphylaxis to insect venom and systemically administered allergens.

Background

In February 2018, Victorian Coroner Phillip Byrne delivered findings from an inquest into the death of a young boy who was known to have allergies. This young boy had been prescribed an adrenaline autoinjector and had an anaphylaxis action plan. In his findings, Coroner Byrne acknowledged correspondence from Allergy & Anaphylaxis Australia that strongly supported health professionals being permitted to use an individual's autoinjector.

This finding, and interactions with the parents of this young boy, led SCV to better understand the barriers to allowing patients to keep their adrenaline autoinjector with them in hospital and the development of this change package.

Thank you

We acknowledge the previous work done by the Royal Melbourne Hospital that has been incorporated in this document. We are also grateful for the input of the adrenaline autoinjector working group members: David Armstrong, Alan Eade, Sara Barnes, Sarah Charles, Peter Cameron, Toni Howell, Lindsey Taylor, Stefan Tulloch and Libby White.

How to use this change package

This change package contains tools designed to help health services develop and implement a local policy for managing adults, teens and children who are at risk of anaphylaxis, and who have an adrenaline (epinephrine) autoinjector and anaphylaxis action plan.

The package includes:

Fact sheet for staff (Appendix 1)

This details the legislation and regulations relating to adrenaline autoinjectors. This suggested content can be quickly adapted for your use.

Checklist for health services (Appendix 2)

This will help you assess the capacity of the patient (family or carer) to recognise anaphylaxis and administer adrenaline via the autoinjector.

Fact sheet for patients and families (Appendix 3)

This contains information for the patient and their family or carer for managing anaphylaxis while in hospital. This suggested content can be quickly adapted for your use.

MORE INFORMATION

If you have any questions or feedback about this package, please contact info@safercare.vic.gov.au.

Summary of anaphylaxis in Victoria

The incidence of anaphylaxis is on the rise in Victoria and in developed countries. [1] Several recent Victorian cases have highlighted the need for the early administration of adrenaline. These facts have prompted a change in current practices and how patients at risk of anaphylaxis are managed in our hospitals.

Emergency department presentations 2012–13 to 2016–17

- There were **9,329** emergency presentations for anaphylaxis, involving **8,322** patients.
- In four years, Victoria experienced a **75 per cent** increase in anaphylaxis presentations to emergency departments, from **1,365** in 2012–13 to **2,388** in 2016–17.
- The largest increases were seen in Melbourne’s growth corridors in the south east and west. [7]

Source: Victorian Emergency Minimum Dataset (VEMD)

Lifetime prevalence of anaphylaxis, based on international studies, has been estimated between 0.05–2 per cent per year. [2]

TIMELY ADMINISTRATION OF ADRENALINE

Progression of anaphylaxis can be rapid and prompt administration of intramuscular adrenaline is the treatment of choice. [2] [3] Early administration of adrenaline during anaphylaxis is associated with improved outcomes. [2]

For adrenaline to be given as soon as possible after the onset of symptoms of anaphylaxis, it is important for the patient (carer, family member or clinician) to be able to immediately administer the patient’s own autoinjector regardless of the setting, including in hospital.

LEGISLATION AND REGULATIONS

It is common practice in health services for a patient’s own medication to be removed from them and stored in a safe location when they are admitted to hospital.

However, there are no requirements to remove a patient’s adrenaline autoinjector under the *Drugs, Poisons and Controlled Substances Act 1981* or the *Drugs, Poisons and Controlled Substances Regulations 2017*.

There are also no legal requirements for a patient’s own autoinjector to be stored in a locked facility. Health services need to provide a safe environment for all patients and may need to extend steps to prevent unauthorised access to medications that patients bring from home. A safe place for storage can be determined when health service staff go through the hospital checklist for patients own use of adrenaline autoinjectors (**Appendix 2**).

ASSESSING SELF-ADMINISTRATION AND STORAGE

Health service staff should assess the patients (and family or carers) capacity to safely use their adrenaline autoinjector. This includes their physical capability, and willingness, to use the device and their ability to recognise the symptoms of anaphylaxis. We have developed a checklist to help staff do this (**Appendix 2**).

- In the paediatric setting, involve a parent, guardian or carer in the assessment.
- Where a patient is cognitively impaired or physically disabled, involve a family member or carer in the assessment.

Through the assessment, identify a safe place for the autoinjector to be stored that allows ease of access for the patient (family, carer and clinical staff) while maximising the safety of others.

The autoinjector should be:

- stored with the patient's anaphylaxis action plan (Australasian Society of Clinical Immunology and Allergy (ASCIA) is the plan of choice)
- labelled with the patient's name.

Notify all relevant staff that the patient has an autoinjector with them. Make sure the staff are trained and practised in using the device. Practice devices are available and are commonly sourced from allergyfacts.org.au/shop/training-accessories.

Anaphylaxis resources

Action plans and education can be sourced at:

www.allergy.org.au/anaphylaxis and <https://allergyfacts.org.au/resources/videos-from-a-aa>

Appendices

1. Fact sheet for staff: Patients own use of their adrenaline autoinjector in hospital
2. Checklist: In hospital checklist for patients own use of adrenaline autoinjectors
3. Fact sheet: Information for patients with severe allergies

1. Patients own use of their adrenaline (epinephrine) autoinjector in hospital

Please insert your health service's logo at the top of this fact sheet and adapt for your use.

This fact sheet aims to give you the confidence to allow patients to keep their adrenaline (epinephrine) autoinjector with them when admitted to hospital, or as an outpatient.

It is common practice for health services to remove a patient's own medication and store it in a locked area when they are admitted to hospital.

However, there are no requirements under law to lock an adrenaline autoinjector away. This means:

- patients can keep their autoinjector with them when admitted to a hospital
- patients can self-administer their own autoinjector while an inpatient
- any person authorised under the Act (i.e. registered nurse or registered medical practitioner) can administer the patient's own autoinjector to that patient.

Storage

Adrenaline autoinjectors do not need to be stored in a locked facility.

Health services should consider the **safety of other patients** when deciding where the patient's autoinjector should be stored. Other patients should not be able to access medications that is not theirs.

Please note

- Adrenaline autoinjectors are a Schedule 3 Poison for the purposes of the Act.
- They are not a drug of dependence within the meaning of the Act.

Common scenarios for distribution and administration of adrenaline autoinjectors

A patient has a known allergy and has been supplied an adrenaline autoinjector by a pharmacist.

The adrenaline autoinjector was prescribed by a medical practitioner or the patient obtained their autoinjector from a pharmacist without a prescription.

Any administration of the autoinjector, either by the patient or third-party relative would occur in circumstances of anaphylaxis which could be life threatening.

When a Schedule 3 Poison is administered to a person under the health practitioner's care, reasonable steps are to be taken to identify the person and that there is a therapeutic need for the Schedule 3 Poison.

Use the checklist

Our checklist will help you:

- assess the capacity of the patient (or their family member/carer) to administer the autoinjector
- identify a safe place to store the autoinjector that is close to the patient, but cannot be accessed by other patients.

More information

Drugs, Poisons and Controlled Substances Act 1981

Drugs, Poisons and Controlled Substances Regulations 2017

2. In hospital checklist for patients own use of adrenaline (epinephrine) autoinjectors

Use this checklist for patients at risk of anaphylaxis, and who have an adrenaline (epinephrine) autoinjector and anaphylaxis action plan.

A: Physical and cognitive assessment of the patient

Does the patient have the physical and cognitive capability to safely administer their adrenaline autoinjector? Yes/No

If yes, move to **section B.**

If no, go to **section C.**

B: Patients awareness of anaphylaxis and use of adrenaline autoinjector

Is the patient aware of the signs and symptoms of anaphylaxis? Yes/No

Does the patient have a copy of their anaphylaxis action plan with them? Yes/No

Does the patient understand what they should do if they develop symptoms of anaphylaxis? Yes/No

Is the patient educated in how to use the adrenaline autoinjector? Yes/No

Is the patient confident in using the adrenaline autoinjector? Yes/No

If no to any of the above, **provide education** for the patient.

C: Assessment of competence of family or carer or clinical staff

Does the carer (family member/clinical staff) have the education and competency (as per **section B**) to safely administer the patient's adrenaline autoinjector? Yes/No

D: Storage of adrenaline autoinjector

Tick

Discuss with the patient (family/carer) the most appropriate place to store the autoinjector, so it is accessible to patient, family and carers.

Record location in the patient's history.

Include location of adrenaline autoinjector in clinical handover.

Assess the patient's adrenaline autoinjector for viability.

Check expiry date, manner of storage, and that the window is clear.

Replace if not viable.

Check if the autoinjector has the patients name on it. If not, attach patient's health service label.

Remind patient (family or carer) to **alert staff** if their adrenaline autoinjector is administered.

3. Information for patients with severe allergies

Please insert your health service's logo at the top of this fact sheet and adapt for your use.

You have been given this fact sheet because you are at risk of anaphylaxis, or you have just had your first episode which has brought you to hospital. This information will help you understand how to manage your anaphylaxis while you are in hospital and when you go home.

Key messages

- You should be able to keep your adrenaline (epinephrine) autoinjector (commonly known by the trade name EpiPen®) with you when you are hospital.
- Please discuss your allergies and past reactions with the staff caring for you.
- Staff will discuss with you (your family, or carer) where to keep your autoinjector so you can access it quickly and easily.
- Immediately tell a staff member if you use your autoinjector.

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a potentially life threatening allergic reaction that should **always** be treated as a medical emergency. It occurs as the body reacts to a food or substance that it mistakenly believes is harmful.

Onset and symptoms

The onset of anaphylaxis usually happens quickly – or within 20 minutes. When food is the trigger, there may be a delay of up to two hours.

With anaphylaxis, you may notice:

- you have difficult or noisy breathing
- it is hard to talk or you have a hoarse voice
- your tongue becomes swollen, or your throat becomes tight
- you feel dizzy or faint
- you get a rash (sometimes but not always).

Vomiting and abdominal pain are symptoms of anaphylaxis to insect allergy or medication.

Children may become pale and floppy.

ADRENALINE AUTOINJECTORS

Adrenaline is used to treat anaphylaxis. If you have been diagnosed as being at risk of anaphylaxis, your doctor should have prescribed you an adrenaline autoinjector. It is also possible to buy them without a prescription from a pharmacy. You should also have an anaphylaxis action plan.

An autoinjector is only part of managing your anaphylaxis. It is important that you and people close to you are familiar with how to use it.

WHILE YOU ARE IN HOSPITAL

- Tell staff if you have brought your adrenaline autoinjector with you. If not, ask someone to bring it from home.
- Staff will go through a checklist with you to confirm you know how and when to use your adrenaline autoinjector during your stay.
- If you experience symptoms of anaphylaxis:
 - return to your bed, lie flat – do not walk or stand
 - immediately press your buzzer to alert a staff member, and call out for attention if you can
 - use your autoinjector and do not discard it
 - tell staff you have used your autoinjector
 - staff will call for immediate assistance to provide further treatment.

WHEN YOU LEAVE HOSPITAL

- Take your adrenaline autoinjector home with you.
- If you have used your adrenaline autoinjector in hospital, make sure staff provide you with a replacement.
- If you have experienced anaphylaxis during your hospital stay, you will need to see your GP within five days of going home.
- Your GP will refer you to a specialist for follow up if such a service was not available at the hospital.

More information

Anaphylaxis action plans, online training and demonstrations can be found at:

www.allergy.org.au/anaphylaxis and <https://allergyfacts.org.au/resources/videos-from-a-aa>

Practice devices are available from a variety of sources, including:

allergyfacts.org.au/shop/training-accessories

Follow up appointment with doctor/clinic

Date: / / Time: : Contact number:.....

Address.....

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MORE INFORMATION

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